

☒ Check if this is an amended filing

Fill in this information to identify your case			
Debtor 1	HIGINIO	MORA	
	First Name	Middle Name	Last Name
Debtor 2			
(spouse if filer)	First Name	Middle Name	Last Name
United States Bankruptcy Court for	Eastern	< District of >	Pennsylvania
Case number (if known)			

Official Form 101E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15.

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B, Property (Official Form 106A/B, and on Schedule G9/24/2020 Executory Contracts & Unexpired Leases, (Official Form 106G). Do not list creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims.

- 1.. [xx] No. Go to Part 2
☐ Yes

- 2.. **List All of Your PRIORITY Unsecured Claims** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority & nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

		Total Claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Special Procedures Mgr 600 Arch St Philadelphia PA 19101	Last 4 digits of a/c # NOTICE ONLY When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed NOTICE ONLY <input type="checkbox"/> Domestic support <input checked="" type="checkbox"/> Taxes & other debts you owe the gov't <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other: specify	0 \$ -	\$ -
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 & Debtor 2 only <input type="checkbox"/> At least 1 of the debtors & another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes			

2.2 **Lehigh County Tax Claim Bureau**
 Attn: Director
 17 S 7th St
 Allentown PA 18101

NOTICE ONLY

Total Claim	Priority amount	Nonpriority amount
2500		

2.3 **City of Allentown**
 Attn.: Tax Collector
 455 Hamilton St
 Allentown PA 18101

Domestic support
☒ Taxes & other debts you owe the gov't

Part 2: List All of Your NONPRIORITY Unsecured Claims

Louisville KY 40290

☐ Contingent

Who incurred the debt? Check one. ☐ Unliquidated

☒ Debtor 1 only

☐ Disputed

Type of NONPROIRITY

☐ Debtor 2 only

☐ Student loans

☐ Debtor 1 & Debtor 2 only

☐ Obligations arising out of a separation agrezement or divorce that you did not report as priority claims

☐ At least 1 of the debtors & another

☐ Debts to pension or prothit charing plans or similare debt:

☐ Check if this claim is for a community debt

☐ Other, specify:

Is the claim subject to offset?

☐ No

☐ Yes

...

4.6 AMERICAN EXPRESS

Last 4 digist of a/c # 0 4 \$ 1,500.00

Attn.: bankruptcy Mgr

When was claim incurred? 1/1/2002

PO BOX 96001

As of the date you file, the claim is: Check all that apply

Los Angeles CA 90095-8000

☐ Contingent

Who incurred the debt? Check one. ☐ Unliquidated

☒ Debtor 1 only

☐ Disputed

Type of NONPROIRITY

☐ Debtor 2 only

☐ Student loans

☐ Debtor 1 & Debtor 2 only

☐ Obligations arising out of a separation agrezement or divorce that you did not report as priority claims

☐ At least 1 of the debtors & another

☐ Debts to pension or prothit charing plans or similare debt:

☐ Check if this claim is for a community debt

☐ Other, specify:

Is the claim subject to offset?

☐ No

☐ Yes

...

4.7 State Farm Cardmember Services

Last 4 digist of a/c # 0 4 \$ 1,500.00

Attn.: Bankruptcy Manager

When was claim incurred? 1/1/2002

PO Box 790408

As of the date you file, the claim is: Check all that apply

St Louis MO 63179

☐ Contingent

Who incurred the debt? Check one. ☐ Unliquidated

☒ Debtor 1 only

☐ Disputed

Type of NONPROIRITY

☐ Debtor 2 only

☐ Student loans

☐ Debtor 1 & Debtor 2 only

☐ Obligations arising out of a separation agrezement or divorce that you did not report as priority claims

☐ At least 1 of the debtors & another

☐ Debts to pension or prothit charing plans or similare debt:

☐ Check if this claim is for a community debt

☐ Other, specify:

Is the claim subject to offset?

☐ No

☐ Yes

...

4.8 CAPITAL ONE

Last 4 digist of a/c # 0 4 \$ 2,500.00

Attn: Bankruptcy Mgr

When was claim incurred? 1/1/2002

PO Box 30285

As of the date you file, the claim is: Check all that apply

Salt Lake Cirty UT 84130-0285

☐ Contingent

Who incurred the debt? Check one. ☐ Unliquidated

☒ Debtor 1 only

☐ Disputed

Type of NONPROIRITY

☐ Debtor 2 only

☐ Student loans

☐ Debtor 1 & Debtor 2 only

☐ Obligations arising out of a separation agrezement or divorce that you did not report as priority claims

☐ At least 1 of the debtors & another

☐ Debts to pension or prothit charing plans or similare debt:

☐ Check if this claim is for a community debt

4.9 Wells Fargo Discover

Last 4 digist of a/c # 0 4 \$ 7,980.00

Attn.: V. P. Bankruptcy


When was claim incurred? 1/1/2002

Total	6a. Domestic support obligations	6a	0
claims	6b. Taxes and certain other debts you owe		
from	the government	6b	2500
Part 1	6c. Claims for death or personal injury while		
	you were intoxicated	6c	0
	6d. Other. Add all other priority unsecured claims.		
	Write that amount here.	6d +	0
	6e. Total. Add lines 6a through 6d	6e	2500
Total	6f. Student loans	6f	0
claims	6g. Obligations arising out of a separation		
from	agreement or divorce that you did not list as		
Part 2	priority	6g	0
	6h. Debts to pension or profit sharing plans &		
	other similar debts.	6h	0
	6i. Other. Add all other nonpriority unsecured		
	claims. Write that amount here.	6i +	57064
	6j. Total. Add lines 6f through 6i	6j	59564

Fill in this information to identify your case:

Debtor 1 Higinio Mora
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of Pennsylvania 

Case number
 (if known)

☐ Check if this is an
 amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☐ No

☐ Yes. Name of person . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).


Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.



Signature of Debtor 1

x

Signature of Debtor 2


 Date 04/10/2024
MM / DD / YYYY

Date
MM / DD / YYYY

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

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☐ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

☒ A/ Higinio Alora
Signature of Debtor 1

x _____
Signature of Debtor 2

✓ Date 04/10/2024
MM / DD / YYYY

Date MM / DD / YYYY